

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
SUBMIT IN TR (CATE)  
(Other Instructions on reverse side)  
MM 88210

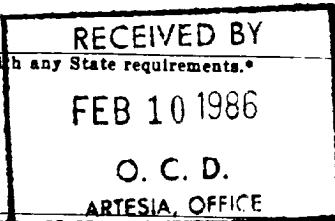
Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

CKF

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC 029435-B	
2. NAME OF OPERATOR ARCO Oil & Gas Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 1610, Midland, Texas 79702		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 860' FNL & 860' FEL (Unit A)		8. FARM OR LEASE NAME J. L. Keel "B"	
14. PERMIT NO. API 30-015-25446		9. WELL NO. 33	
15. ELEVATIONS (Show whether on or below ground) 3768.7 GR		10. FIELD AND POOL, OR WILDCAT Grbg Jackson QGSA	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 6-17S -31E	
		12. COUNTY OR PARISH Eddy	
		13. STATE NM	



Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Prod Csg & cmt. MORT. <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

TD 8-3/4" hole @ 3553' @ 12:00 PM 1-18-86. Ran GR-CDL-CNL f/3549-2715' w/GR-CNL to 400'. Ran GR-DLL-MSFL & GR-BHC Sonic. Ran 88 jts, 7" 26# csg & set @ 3553'. Cmt'd w/550 sx "H". Circ cmt. Press test to 2600#. RR 10:00 AM-19-86. MORT.

ACQUAINTED FOR RECORD

*SWD*  
FEB 6 1986

CARLEAD, L. H. 1/10/86

18. I hereby certify that the foregoing is true and correct  
SIGNED Ken W. Gosnell TITLE Engr. Tech. Spec. DATE 2-3-86  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side